

# Unlocking the Secret of UB-04 Secondary Claims 201

Indiana Health Coverage Programs  
DXC Technology  
IHCP Works Seminar October 2020



# Agenda

- IHCP resources for Institutional billers
- Submitting third-party liability (TPL) secondary claims
- Submitting Medicare or Medicare Replacement Plan secondary claims
- Submitting TPL updates via the Portal
- More reminders
- Helpful tools
- Questions

# **IHCP Resources for Institutional Billers**



# Resources

INDIANA MEDICAID for Providers	Provider Enrollment	Provider References	Provider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information
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[INDIANA MEDICAID](#) / [IHCP PROVIDERS](#) / [PROVIDER REFERENCES](#)

Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- [News, Bulletins, and Banner Pages](#) ←

- [Current IHCP News](#)
- [Bulletins](#)
- [Banner Pages](#)

- [IHCP Email Notifications](#) ←

- [Provider Reference Materials](#)

- [IHCP Provider Reference Modules](#) ←
- [IHCP Companion Guides](#)

<https://www.in.gov/medicaid/providers/index.html> is your #1 venue for education and information.



# Provider References

INDIANA MEDICAID for Providers	Provider Enrollment	Provider References	Provider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information
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The Indiana Health Coverage Programs (IHCP) Provider Reference Modules are the primary reference for billing and reimbursement guidance for providers conducting business with the IHCP. Modules include instructions for submitting IHCP claims and prior authorization (PA) requests, as well as other related topics.

Changes to policies and procedures that occur after the effective date noted for each module are announced in IHCP provider [Banner Pages](#) and [Bulletins](#).

- Jump to [Eligibility and Benefits Modules](#)
- Jump to [Claims and Billing Procedures Modules](#)
- Jump to [Service- and Provider-Specific Modules](#)
- Jump to [Program-Specific Modules](#)



# Examples of Commonly Accessed Modules

<a href="#">Hospital Assessment Fee</a>	April 1, 2019	4.0
<a href="#">Injections, Vaccines, and Other Physician-Administered Drugs</a>	July 1, 2019	4.0
<a href="#">Inpatient Hospital Services</a>	January 1, 2019	3.0
<a href="#">Laboratory Services</a>	July 1, 2019	4.0
<a href="#">Long-Term Care</a>	March 1, 2019	4.0
<a href="#">Medical Practitioner Reimbursement</a>	October 1, 2017	2.0
<a href="#">Mental Health and Addiction Services</a>	May 1, 2017	2.0
<a href="#">Obstetrical and Gynecological Services</a>	February 1, 2020	4.0
<a href="#">Oncology Services</a>	February 1, 2020	2.0
<a href="#">Out-of-State Providers</a>	February 1, 2020	4.0
<a href="#">Outpatient Facility Services</a>	August 1, 2019	4.0

# Table of Contents – Inpatient Hospital Services

## *Table of Contents*

Introduction.....	1
Prior Authorization for Hospital Inpatient Admissions .....	1
PA Policy for Inpatient Stays for Burn Care.....	2
PA Policy for Inpatient Stays for Dually Eligible Members.....	2
General Inpatient Billing and Coding Procedures.....	2
Revenue Code Itemization.....	3
Principal Diagnosis .....	3
Other Diagnoses.....	3
Present on Admission Indicators.....	3
Reimbursement Methodology for Inpatient Services.....	4
Diagnosis-Related Group Reimbursement System .....	5
Inpatient Level-of-Care Reimbursement System.....	7
Reimbursement for Capital Costs .....	9
Reimbursement for Medical Educational Costs.....	9
Outlier Payments.....	10
Hoosier Healthwise Package C Exceptions to DRG and LOC Reimbursement Systems.....	10

# Code Sets

## Revenue Codes and Linkages

Access Code Sets from

<https://www.in.gov/medicaid/providers/index.html>

Business Transactions>Billing and Reimbursement>Code Sets>Launch Provider Code Table>Accept IHCP Provider Code Tables Agreement

### General Billing Codes

- [Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG](#)
- [Prenatal and Preventive Pediatric Care Diagnosis Codes That Bypass Cost Avoidance](#)
- [Procedure Code Modifiers for Professional Claims](#)
- [Procedure Codes That Require Attachments](#)
- [Procedure Codes That Require NDCs](#)
- [Revenue Codes](#)
- [Revenue Codes with Special Procedure Code Linkages](#)
- [Service Codes That Require Electronic Visit Verification](#)

- [Billing and Remittance](#)
  - [Code Sets](#)

# Outpatient Fee Schedule

Access Fee Schedule from  
<https://www.in.gov/medicaid/providers/index.html>  
 Business Transactions>Billing and Reimbursement>IHCP Fee  
 Schedules>View *Outpatient Fee Schedule*>Accept IHCP Fee Schedule  
 Agreement>Go to *Outpatient Fee Schedule*

A	B	C	D	E	F	G	H	I	J	K
<b>Outpatient Fee Schedule for IHCP</b>										
Tab 1	Introduction/Notes									
Tab 2	Frequently Asked Questions									
Tab 3	Fee Schedule									
Tab 4	ASC Codes & Rates									
Tab 5	List of all Revenue Codes									
Tab 6	Codes allowable with Revenue Code 260 (on same date as treatment room									
Tab 7	Codes allowable with Revenue Code 274									
Tab 9	Codes allowable with Revenue Code 636									
Tab 10	Codes linked with Revenue Code 724									
Tab 11	Codes allowable with Revenue Code 920									
Tab 12	Codes allowable with Revenue Code 929									
Tab 13	Codes allowable with Revenue Code 940									
Tab 14	MCE Only RC Links									

## Billing and Remittance

- Code Sets
- IHCP Fee Schedules

Provides information  
on revenue codes  
linkages



# Did You Know This Information Is Available?

610	Magnetic Resonance Technology-General	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
611	Magnetic Resonance Technology-MRI-Brain/Brain Stem	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
612	Magnetic Resonance Technology-MRI-Spinal Cord/Spine	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
614	Magnetic Resonance Technology-MRI-Other	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
615	Magnetic Resonance Technology-MRA-Head and Neck	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
616	Magnetic Resonance Technology-MRA-Lower Extremities	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
618	Magnetic Resonance Technology-MRA-Other	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
619	Magnetic Resonance Technology-Other MRT	Procedure Code	None	Stand Alone - May be billed alone or w/treatment room
621	Medical/Surgical Supplies-Extension of 027X-Supplies Incident to Radiology	Flat Rate - 0	1 / Day / Provider	Add-on may be billed with treatment room or stand-alone
622	Medical/Surgical Supplies-Extension of 027X-Supplies Incident to Other DX Services	Flat Rate - 0	1 / Day / Provider	Add-on may be billed with treatment room or stand-alone

# **Submitting Third-Party Liability (TPL) Secondary Claims**



# New in 2020!

## Primary EOB Not Required

### BR202004

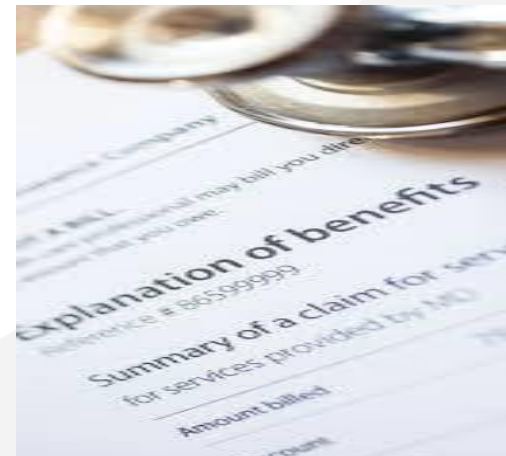
#### **NO explanation of benefits (EOB) needed when:**

- Providers include adjustment reason codes (ARCs) when submitting claims to the IHCP as proof if the primary insurer does not make a payment:
  - Primary insurer denied the claim
  - Paid zero (for example, the full amount was applied to a deductible or copayment)
  - **If no ARC is available, the EOB must be submitted to avoid denial**

Use this banner page information in conjunction with the ARCs available in the *Third-Party Liability* module online at [in.gov/medicaid/providers](https://in.gov/medicaid/providers)

#### **ARC NOT needed when:**

- The primary insurance *COVERS* the service and has *PAID* on the claim
- Actual dollars were received



# Adjustment Reason Codes

Use adjustment reason codes (ARCs) to report the valid claim denial or nonpayment reason on the IHCP claim, as follows:

- In the *Claim Adjustment Details* panel for the other insurance entered in a claim on the Portal
- On the Claim Level Adjustment and Detail Level segments of an 837 transaction



# TPL Billing on the Portal

Claim Information			
Claim Header Instructions			
*Covered Dates ⓘ	<input type="text"/> - <input type="text"/>		
Admission Date/Hour ⓘ	<input type="text"/> (hh:mm)	Discharge Hour ⓘ	<input type="text"/> (hh:mm)
Admission Type ⓘ	<input type="text"/>	Admission Source ⓘ	<input type="text"/>
Admitting Diagnosis Type	ICD-10-CM ▼	Admitting Diagnosis ⓘ	<input type="text"/>
Medical Record Number	<input type="text"/>	*Type of Bill ⓘ	<input type="text"/>
Patient Status ⓘ	<input type="text"/>	Authorization Number	<input type="text"/>
*Patient Number	<input type="text"/>		
*Does the provider accept assignment for claim processing?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only		
*Are benefits assigned to the provider by the patient or their authorized representative?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
*Does the provider have a signed statement from the patient releasing their medical information?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input checked="" type="checkbox"/>	Total Charged Amount	\$0.00
<div> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>			

# Video Walkthrough

# Other Insurance TPL Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>	AETNA			\$0.00	--	<a href="#">Remove</a>

+ Click to add a new other insurance.

- If the primary insurance is listed, click on the line-item number to open the window.
- If the primary insurance listed is not relevant to your claim, [Remove](#) the line item.
- If primary insurance is not listed, click + (plus) to add a new other insurance.



# Other Insurance TPL Header

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid
<input type="checkbox"/> Click to collapse.					
	*Carrier Name <input type="text" value="AETNA"/>	*Carrier ID <input type="text" value="AETNA"/>			
	Carrier Address <input type="text"/> <input type="text"/>				
	City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>		
	*Policy Holder Last Name <input type="text"/>	*First Name <input type="text"/>			
	Policy Holder Address <input type="text"/> <input type="text"/>				
	City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>		
	*Policy ID <input type="text"/>	SSN <input type="text"/>			
	*Relationship to Patient <input type="text"/>	*Claim Filing Code <input type="text"/>			
	Group ID <input type="text"/>	Policy Name	11-Other Non-Federal Programs 12-Preferred Provider Organization 13-Point of Service (POS) 14-Exclusive Provider Organization 15-Indemnity Insurance 16-Health Maintenance Organization 17-Dental Maintenance Organization AM-Automobile Medical BL-Blue Cross/Blue Shield CH-Champus CI-Commercial Insurance Co. DS-Disability		
	TPL/Medicare Paid Amount <input type="text" value="\$0.00"/>	Paid Date <input type="text"/>			
	Claim ID <input type="text"/>	Authorization Number			
	Referral Number <input type="text"/>				
	<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

- Complete the required fields (\*), and the TPL/Medicare Paid Amount field.
- Click **Add**.

# Other Insurance TPL Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	AETNA			\$0.00	—	<a href="#">Remove</a>

☐ Click to add a new other insurance.

Condition Codes

Occurrence Codes

Value Codes

Surgical Procedures

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

After you save and see the information in the *Other Insurance Details* window, click **Continue**.



# Other Insurance TPL Detail

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCP/Procedure Code	Charge Amount	Units	Action
---	-----------	---------	--------------	--------------------	---------------	-------	--------

☐ Click to collapse.

**\*From Date**  
**To Date**

**\*Revenue Code** 
**HCP/Procedure Code**

**Modifiers**

**Charge Amount** 
**\*Units** 
**\*Unit Type**

**Line Item Control#** 
**Non-Covered Charge Amount**

## NDC for Service Detail

**Add**

**Cancel**


- Click on the Service Details line and complete the required fields.
- Click **Add**.
- The Service Details line will collapse.

# Other Insurance TPL Detail

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.


#	From Date	To Date	Revenue Code	HCP/Procedure Code	Charge Amount	Units	Action
<u>1</u>	06/26/2020	06/26/2020	320-RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	75625-CONTRAST EXAM ABDOMINL AORTA	\$3,000.00	1 Unit	<a href="#">Remove</a>

 Click to add service detail.




Click the **1** for the service details to open the  
*Other Insurance Details* window.




# Other Insurance TPL Detail

**Other Insurance for Service Detail** 

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.				
	<b>*Other Carrier</b> 			
		<b>*TPL/Medicare Paid Amount</b> 	<b>*Paid Date</b> 	
		\$0.00	10/01/2020	
<div><b>Add</b> <b>Cancel</b></div>				

**NDC for Service Detail** 

**Save** **Cancel**

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.
- Click **Add** and **Save** to collapse the service detail line.

# Other Insurance

## TPL Additional Details

Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	06/26/2020	06/26/2020	320-RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	75625-CONTRAST EXAM ABDOMINL AORTA	\$3,000.00	1 Unit	<a href="#">Remove</a>
<a href="#">2</a>	06/26/2020	06/26/2020	320-RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	75716-ARTERY X-RAYS ARMS/LEGS	\$3,000.00	1 Unit	<a href="#">Remove</a>

Repeat these steps for EACH detail line to report the payment for each detail individually

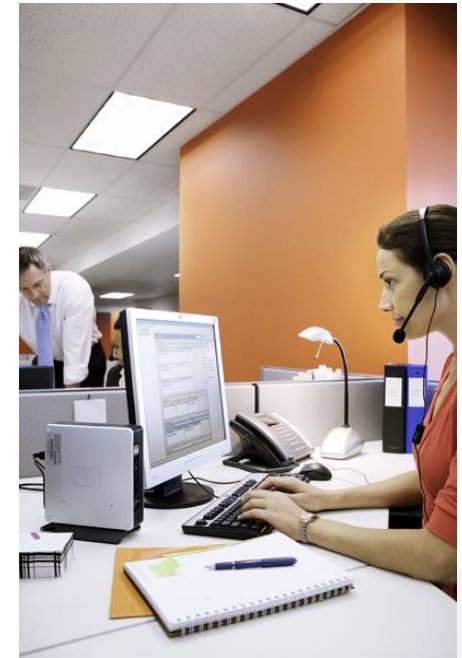
# **Submitting Medicare or Medicare Replacement Plan Secondary Claims**



# When is the Medicare or Medicare Replacement Plan EOB required?

## EOB not needed:

- The Medicare or Medicare Replacement Plan covers the service:
  - Actual dollars were received
  - Zero-paid claim
    - Entire amount applied to deductible, coinsurance, or copayment
    - Partial amount was applied to deductible, coinsurance, or copay
- Providers include ARCs when submitting claims to the IHCP as proof if the primary insurer does not make a payment:
  - Primary insurer denied the claim
  - Paid zero (for example, the full amount was applied to a deductible or copayment)
  - If no ARC is available, the EOB must be submitted to avoid denial



# Video Walkthrough

# Medicare or Medicare Replacement Plan Header

\*Carrier Name: Medicare  
 Carrier Address:   
 City:   
 State:   
 ZIP Code:   
 Country Code:   
 \*Carrier ID: 08101

\*Policy Holder Last Name:   
 Policy Holder Address:   
 City:   
 State:   
 ZIP Code:   
 Country Code:   
 \*First Name:   
 MI:   
 \*Policy ID:   
 SSN:   
 \*Relationship to Patient:   
 Group ID:   
 \*Claim Filing Code:   
 Policy Name:

TPL/Medicare Paid Amount: \$0.00  
 Claim ID:   
 Referral Number:   
 Add Cancel

11-Other Non-Federal Programs  
 12-Preferred Provider Organization (PPO)  
 13-Point of Service (POS)  
 14-Exclusive Provider Organization (EPO)  
 15-Indemnity Insurance  
 16-Health Maintenance Organization (HMO) Medicare Risk  
 17-Dental Maintenance Organization  
 AM-Automobile Medical  
 BL-Blue Cross/Blue Shield  
 CH-Champus  
 CI-Commercial Insurance Co.  
 DS-Disability  
 FI-Federal Employees Program  
 HM-Health Maintenance Organization  
 LM-Liability Medical  
 MA-Medicare Part A  
 MB-Medicare Part B

**Condition Codes**  
 Click the **Remove** link to remove the entire row.

#	Condition Code

Traditional Medicare A – MA  
 Traditional Medicare B - MB  
 Medicare Replacement Plan - 16

Complete all required fields (\*), and the TPL/Medicare Paid Amount field.

Click **Add**.



# Medicare or Medicare Replacement Plan Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>	Medicare	08101		\$0.00	—	<a href="#">Remove</a>

- After you save, the system will return to the *Other Insurance Details* panel.
- Click on the insurance line number again to add the coinsurance and deductible information in the *Claim Adjustment Details* window.



# Medicare or Medicare Replacement Plan Header

## Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<input type="checkbox"/> Click to collapse.					
	*Claim Adjustment Group Code	PR-Patient Responsibility			
	*Reason Code	1			
	*Adjustment Amount	15.00	Adjusted Units		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					
<input type="checkbox"/> Click to add a new other insurance.					
<input type="button" value="Back to Step 1"/>			<input type="button" value="Continue"/> <input type="button" value="Cancel"/>		

Reason Codes:

- 1 Deductible
- 2 Coinsurance
- 3 Copayment

- The Adjustment Amount is the patient responsibility amount.
- Click **Add** after all information has been entered.
- When the *Claim Adjustment Details* panel is completed, click **Save** and then **Continue**.



# Medicare or Medicare Replacement Plan Detail

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCP/Procedure Code	Charge Amount	Units	Action
<div> Click to collapse. </div> <div> <div> <div> *From Date 06/26/2020 </div> <div> To Date 06/26/2020 </div> </div> <div> <div> *Revenue Code 320 </div> <div> HCP/Procedure Code 75625 </div> </div> <div> <div> Modifiers </div> <div> </div> </div> <div> <div> Charge Amount 3000.00 </div> <div> *Units 1 </div> <div> *Unit Type Unit </div> </div> <div> <div> Line Item Control# </div> <div> Non-Covered Charge Amount \$0.00 </div> </div> </div> <div> NDC for Service Detail </div> <div> <div> Add </div> <div> Cancel </div> </div>							

- Click on the Service Detail line and complete the require field.
- Click **Add**.
- Service Detail line will collapse.

# Medicare or Medicare Replacement Plan Crossover Claim Detail

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCP/Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	06/26/2020	06/26/2020	320-RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	75625-CONTRAST EXAM ABDOMINL AORTA	\$3,000.00	1 Unit	<a href="#">Remove</a>

[+](#) Click to add service detail.

Click the **1** for the service details to open the *Other Insurance Details* window.

# Medicare or Medicare Replacement Plan Other Insurance Detail

**Other Insurance for Service Detail**

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid
<input type="checkbox"/> Click to collapse.			
	*Other Carrier <input type="text" value="MEDICARE-MEDICARE"/>		
	*TPL/Medicare Paid Amount <input type="text" value="100.00"/>	*Paid Date <input type="text" value="08012020"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.
- Click **Add** and **Save** to collapse the service detail line.



# Medicare or Medicare Replacement Plan Claim Adjustment Details

#	Carrier ID	TPL/Medicare Paid Amount	Paid
<b>1</b>	MEDICARE	\$100.00	06/26/2020

\*Other Carrier:

\*TPL/Medicare Paid Amount:  \*Paid Date:

### Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjust

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code
<input type="checkbox"/>	Click to collapse.	
*Claim Adjustment Group Code	<input type="text" value="PR-Patient Responsibility"/>	
*Reason Code	<input type="text" value="1-Deductible Amount"/>	
*Adjustment Amount	<input type="text" value="50.00"/>	Adjusted Units: <input type="text"/>
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

- Click **1** to open Claims Adjustment Details.
- Use the drop-down menu to choose PR – Patient Responsibility.
- Choose the appropriate reason code.
- Enter amount of deduct/coins/copay.
- Click **Add**, then **Save**.

Reason codes:  
 1 = Deductible  
 2 = Coinsurance  
 3 = Copayment amount



# Medicare or Medicare Replacement Plan Additional Details

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	06/26/2020	06/26/2020	320-RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	75625-CONTRAST EXAM ABDOMINL AORTA	\$3,000.00	1 Unit	<a href="#">Remove</a>
<a href="#">2</a>	06/26/2020	06/26/2020	320-RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	75716-ARTERY X-RAYS ARMS/LEGS	\$3,000.00	1 Unit	<a href="#">Remove</a>

Repeat these steps for EACH detail line to report the payment for each detail individually

## Claim Note and Attachments

#	Note Reference Code	Note Text	Action
<input type="checkbox"/> Click to collapse.			
<b>Note Reference Code</b> <input type="text"/> <b>Note Text</b> <input type="text"/> <input type="button" value="Add"/> <input type="button" value="Cancel"/>	Allergies Goals, Rehabilitation Potential, or Discharge Plans Diagnosis Description Durable Medical Equipment (DME) and Supplies Medications Nutritional Requirements Orders for Disciplines and Treatments Functional Limitations, Reason Homebound, or Both Reasons Patient Leaves Home Times and Reasons Patient Not at Home Unusual Home, Social Environment, or Both Safety Measures Supplementary Plan of Treatment Updated Information	03-Report Justifying Treatment Beyond Utilization Guidelines 04-Drugs Administered 05-Treatment Diagnosis 06-Initial Assessment 07-Functional Goals 08-Plan of Treatment 09-Progress Report 10-Continued Treatment 11-Chemical Analysis 13-Certified Test Report 15-Justification for Admission 21-Recovery Plan A3-Allergies/Sensitivities Document A4-Autopsy Report AM-Ambulance Certification AS-Admission Summary B2-Prescription B3-Physician Order B4-Referral Form BR-Benchmark Testing Results BS-Baseline BT-Blanket Test Results CB-Chiropractic Justification CK-Consent Form(s) CT-Certification D2-Drug Profile Document DA-Dental Models DB-Durable Medical Equipment Prescription DG-Diagnostic Report	

Click the **Remove** link to remove the entire row.

---

#	Transmission Method	File	Action
<input type="checkbox"/> Click to collapse.			
<b>*Transmission Method</b> FT-File Transfer <b>*Upload File</b> <input type="text"/> <b>*Attachment Type</b> <input type="text"/> <input type="button" value="Add"/> <input type="button" value="Cancel"/>			

Click the **Remove** link to remove the entire row.

*Attachment size limit is 5 MB total*  
*Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF*

*Attachment size limit is 5 MB total*  
*Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF*

# Click Submit

Claim Note Information			
#	Note Reference Code	Note Text	Action
<input type="checkbox"/> Click to collapse.			
Note Reference Code <input type="text"/>			
Note Text <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			
<input type="button" value="Back to Step 1"/>		<input type="button" value="Back to Step 2"/>	
		<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>

*Click Submit!*

# Confirm

Service Details						
#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units
<u>1</u>					\$25,000.00	15 Unit
<u>2</u>					\$3,000.00	10 Unit
<u>3</u>					\$3,500.00	10 Unit

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

Confirm

Cancel

- Review claim
- Click **Confirm**



# Claim Status and Claim ID

The screenshot displays the 'INDIANA MEDICAID for Providers' web interface. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. Below this, a breadcrumb trail shows 'Claims > Claim Receipt'. A green box contains a 'Delegate for' label and a dropdown menu for 'Role IDs' currently set to 'Provider - In Network'. The main content area is titled 'Submit Institutional Claim: Confirmation' and includes a sub-header 'Institutional Claim Receipt'. The text states: 'Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.' A red arrow points to this status text. Below this, it says 'The Claim ID is:' followed by a blank space. Further down, instructions are provided: 'Click **Print Preview** to view the claim details as they have been saved on the payer's system.', 'Click **Copy** to copy member or claim data.', 'Click **Edit** to resubmit the claim.', and 'Click **New** to submit a new claim.' At the bottom of the content area, there are four buttons: 'Print Preview', 'Copy', 'Edit', and 'New'.

*Attachment and/or Claim Note may cause the claim status to be pending/in process.*



# **Submitting Third-Party Liability Updates via the Portal**



# Other Insurance TPL Updates

## User Details

Welcome

► [My Profile](#)

► [Switch Provider](#)

## Provider

Name

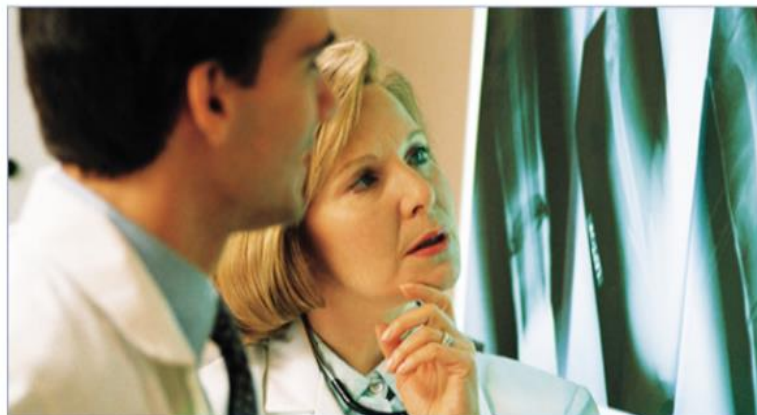
Provider ID

► [Provider Maintenance](#)

## Provider Services

► [Member Focused Viewing](#)

WELCOME HEALTH CARE PROFESSIONAL!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

 [Contact Us](#)

 [Notify Me](#)

 [Secure Correspondence](#)

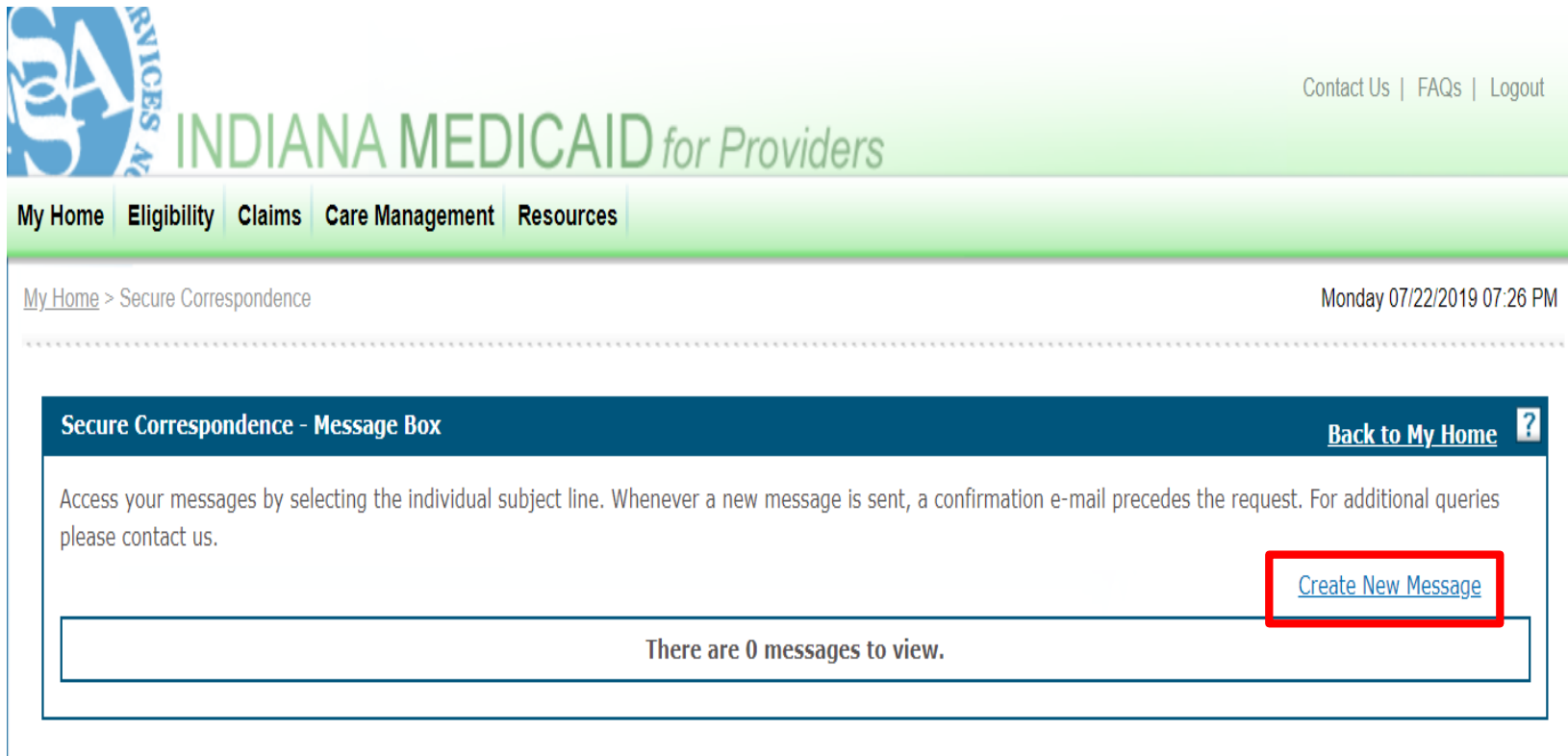


*Delegates must have the function granted to them by their site administrator*



# Other Insurance (TPL) Updates

## Create New Message



The screenshot shows the Indiana Medicaid for Providers portal. At the top, there is a green header with the text "Other Insurance (TPL) Updates" and "Create New Message". Below this, the portal's navigation bar includes links for "My Home", "Eligibility", "Claims", "Care Management", and "Resources". The "My Home" link is selected. The page title is "INDIANA MEDICAID for Providers". In the top right corner, there are links for "Contact Us", "FAQs", and "Logout". The main content area is titled "Secure Correspondence - Message Box" and includes a "Back to My Home" link. A red box highlights the "Create New Message" link. Below this, a message box states "There are 0 messages to view."

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home > Secure Correspondence

Monday 07/22/2019 07:26 PM

Secure Correspondence - Message Box

[Back to My Home](#)

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

There are 0 messages to view.

- Responses to previous inquiries are listed

# Other Insurance (TPL) Updates

## Create Message

### Secure Correspondence - Create Message

[Back to Message Box](#) 

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

\* Indicates a required field.

*Subject	<input type="text"/>
*Message Category	TPL Update ▼
*Email Address ⓘ	Banking/Financial/RA Inquiry
*Confirm Email Address ⓘ	Claim Administrative Review Request
Member ID	Claim Appeal
Claim Number	Claim Inquiry
Date of Service ⓘ	Coverage Inquiry
Medicaid Paid Amount	Enrollment Inquiry
Paid Date ⓘ	Portal Assistance
Provider/Facility	TPL Update
*Message	Member no longer as ABC Insurance as of 06.30.18. Claim denied for no coverage. Please see insurance verification attachment for update.

# Other Insurance (TPL) Updates Attachments

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<div>Click to collapse.</div> <div> <div>*Transmission Method</div> <div>FT-File Transfer</div> <div>*Upload File</div> <div>Choose File No file chosen</div> <div>*Attachment Type</div> <div> <div>Add</div> <div>Cancel</div> </div> <div> <div>Send</div> <div>Cancel</div> </div> <div> 01-Primary payer EOBs, including Medicare  02-Invoices or MSRP  03-Medical records  04-Consent forms  05-Remittance Advice (RA)  06-Screen prints  07-Admin Review Request Form  08-Claim/Correspondence  09-Other </div> </div>					

- Add any required attachments to support the request.
- Click **Send**.

# More Reminders

# DRG Grouper and Hospital Assessment Fee Adjustment

- IHCP Bulletins (HAF) BT202079 and DRG BT2020102 (updated previous bulletin information)
- Effective for inpatient discharge date on or after August 1, 2020
- Base rates and adjustment factors are as follows:
  - New DRG base rate is \$3,523.75 for acute care hospitals
  - New DRG base rate of eligibility children's hospitals is \$4,228.50
  - Inpatient DRG base rate adjustment factor is 3.2 (previously 2.7)
  - Inpatient rehabilitation level-of-care (LOC) rate adjustment factor is 2.6 (no change).
  - Inpatient psychiatric LOC rate adjustment factor is 2.2 (no change)
  - Inpatient burn LOC rate adjustment factor is 1.0 (no change)
  - Outpatient rate adjustment factor is 3.5 (previously 2.9), excluding laboratory services, drugs, and durable medical equipment (DME)

*HAF adjustment factors apply within the fee-for-service (FFS) and managed care delivery systems, including reimbursement under the Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise programs.*



# Treatment Rooms

Does fee-for-service (FFS) Medicaid pay more than one treatment room?

- See *IHCP Banner Page BR201934* – Effective September 25, 2019
- In short, no more than one revenue code in the same family

Revenue code family	General description
450, 451, 456, 459, 480-483, 489	Emergency room (450, 451, 456, 459), Cardiology (480-483, 489)
510-517, 519-521, 523, 529	Clinic (510-517, 519), Freestanding clinic (520-521, 523, 529)
700, 710, 720, 721, 724, 760-762	Cast room (700), Recovery room (710), Labor room/delivery (720, 721, 724), Specialty services (760-762)
900, 907, 914-916, 918	Behavioral health treatments

# Treatment Rooms

Do I need a Healthcare Common Procedure Coding System (HCPCS) code with my Treatment Room?

- Go to the Outpatient Fee Schedule online
- Select the Revenue Code tab
- Details of billing requirements and type of revenue code are found under the Billing Limitations column



# Timely Filing Reminder!

## ! REMEMBER !

- Timely filing is 180 days from the “from” date of service
- Claim corrections should be done via the Portal, however:
  - Do NOT adjust claims on the Portal if the “from” date of service is more than 180 days from the current date
- If there is proof of timely filing following the guidelines and exceptions listed in the *Claim Submission and Processing* module online, that proof MUST be attached to the claim AND a note stating “waive timely filing, see attached” must be entered on the claim as well
  - All dates on documentation being used to prove the timely filing must be circled and noted “waive timely filing”



# Helpful Tools

# Helpful Tools

## Provider Relations Consultants



Region	Field Consultant	Email	Telephone	Counties Served
1	Jean Downs	<a href="mailto:INXIXRegion1@dxc.com">INXIXRegion1@dxc.com</a>	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath	<a href="mailto:INXIXRegion2@dxc.com">INXIXRegion2@dxc.com</a>	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson	<a href="mailto:INXIXRegion3@dxc.com">INXIXRegion3@dxc.com</a>	(317) 488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Amber Keegan & Emily Redman (interim)	<a href="mailto:INXIXRegion4@dxc.com">INXIXRegion4@dxc.com</a>	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Virginia Hudson	<a href="mailto:INXIXRegion5@dxc.com">INXIXRegion5@dxc.com</a>	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne



# Helpful Tools

## IHCP website at [in.gov/medicaid/providers](https://in.gov/medicaid/providers):

- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

## Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

## Secure Correspondence:

- Via the Provider Healthcare Portal
  - (After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



# Questions